

# Registration Form 2021

**Welcome to Woonona Bulli Youth Club Inc.** Trading as  
Northern Gymnastics Academy (NGA) 2/1 Pioneer Drive, Bellambi  
Northern Illawarra Dance Company (NIDC) Nicholson Drive Woonona  
Woonona Bulli TKD Nicholson Drive Woonona

**ACTIVITY** (Please tick)

**Gymnastics**

**Dance**

**Tae Kwon Do**

**CHILDS INFORMATION**

Given Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Address:

Street: \_\_\_\_\_ Suburbs: \_\_\_\_\_ P/Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Medical conditions**

Medical Condition/Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Does your child have any medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to the child's healthcare need, medical condition or allergy?

Action plan must be attached if indicated.

**MAIN CONTACTS**

**Primary Parent/Guardian 1 (This person will receive the emailed billing)**

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

**Secondary Parent/Guardian 2**

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

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## Consent for administration of first aid

I give permission for basic first aid to be used in the event first aid is required for my child.

Yes    No

## Permission for staff to act in the case of an emergency

I give permission for my child to receive medical treatment from a registered medical practitioner, hospital or ambulance service.

Yes    No

I give permission for my child to be transported by an ambulance service.

Yes    No

If you have answered no to any of the above, please speak with our teachers/instructors.

## Photography and/or video

Family permits photographs:

Yes    No

I give permission for my child to be photographed and/or filmed in class time, at competitions and end of year display/concert. Pictures may be used in media released and on social media pages e.g. our Facebook and Instagram pages.

## Agreement of Registration

By signing this form, you declare that the information is true and correct to the best of your knowledge. I have also read and agree to the terms and conditions of registering my child with Woonona Bulli Youth Club Inc t/as Northern Gymnastic Academy, Northern Illawarra Dance Co and Woonona Bulli TKD

I understand that I will have to pay a registration fee before my child can commence classes and all term fees will be paid before the end of week 5 of each term.

Primary Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Office Use Only – For Teacher/Instructor to complete				
Activity:	Dance	Gymnastics	Tae Kwon Do	
Class of attendance:				
Total Hours of attendance:			Total Family hours of attendance:	
Registration cost:	Dance \$50.00	TKD Junior \$50.00	Gymnastics Recreational \$75.00	Gymnastics Competitive \$105.00